

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1339**
Registrar's No. **299**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 days**
In this community **46 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ELIZABETH TOWNSEND**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Fe.**
5. Color or race **Wh.**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **XX**
6. (c) Age of husband or wife if alive **5** years
7. Birth date of deceased **Dec. 5 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **13**
If less than one day **hr. min.**

9. Birthplace **Unknown** **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER { 12. Name **Minus Townsend**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Haerle**
(b) Address **1919 Myrtle**

17. (a) **Burial** (b) Date thereof **Jan. 21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Walnut Grove (Boonville)**

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood K.C. Mo.**

19. (a) **Jan 20, 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1919 Myrtle Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **18th**
year **1941** hour **4** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **12-23-30**, 19__, to **1-18-41**, 19__;
that I last saw her alive on **1-18-41**, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death
Senility and Generalized arterio-sclerosis

Due to **99**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Mary R. Thorne** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed **20-41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Chas. W. [Signature]

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Pinewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.